DOCUMENT RESUME

ED 057 542 EC 040 822

AUTHOR	Callahan, Orel D.; And Others
TITLE	Programs for the Alleviation of Institutional Dependency. Final Report.
INSTITUTION	Bowling Green State Univ., Ohio.
SPONS AGENCY	Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C.
PUB DATE	Oct 71
NOTE	50p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Adjustment (to Environment); *Emotionally Disturbed; *Exceptional Child Research; Institutional Environment; *Institutionalized (Persons); *Personal Adjustment; *Self Concept; Summer Programs

ABSTRACT

The Summer School Functional Education program of the Kalamazoo (Michigan) State Hospital was evaluated in terms of the program's effectiveness in enhancing the emotional health of participants and reducing their institutional dependency (adjustment patterns dependent on the structured and protected environment of the institution). Subjects were 64 emotionally disturbed institutionalized children who participated in the program, which involved a relaxed atmosphere, reduced structure, greater student participation, and approximation of an out-of-institutional environment by field trips, camping experiences, and other means. To obtain evidence of level of adjustment, the following variables were measured by questionnaire before and after the program: personal adjustment, alienation, self-concept and occupational aspirations (reality orientation), and identification of significant others. No dramatic changes occurred. In the new situation, children remained stable in adjustment, self concept, perceptions of evaluations of others, and selection of significant others. Alienation dropped and occupational aspirations became more realistic. It was concluded that such a program contributed to reduction of levels of alienation and increase in realistic attitudes. (KW)

ED057542

PROGRAMS FOR THE ALLEVIATION OF INSTITUTIONAL DEPENDENCY

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E.S.E.A. P.L. 89-10

TITLE I

FINAL REPORT

Project No. 110-34-4621

Kalamazoo State Hospital

October, 1971

EC 040 822

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INTRODUCTION

Public schools traditionally provide two approximately twenty week semesters of academic instruction per year. To provide relief from this academic load, a "summer vacation" period is provided for children. Institutionalized, emotionally disturbed children engaged in academic work need relief from academics at least as much as, if not more than, children in public schools. At the same time, however, institutions cannot suspend their patient's problems during some arbitrary time period that might be designated a "vacation." Therapeutic programs designed to alleviate both emotional problems and/or academic deficiencies must continue uninterrupted for both the patient's sake and the sake of efficient utilization of staff and physical resources.

The Summer School Functional Education program of the Kalamazoo State Hospital's children's services was designed to resolve the problem of providing a break in academic routine while providing uninterrupted attention to the academic needs of participating children. As stated in the original funding proposal, "The Summer School program provides functional relief from the drudgery of traditional academics fifty weeks a year while incorporating academic concepts in a functional manner." As also stated in that proposal the programs were developed on the basis of staff interest and talent considered in relationship to the needs and interest of students. The products of such development were a series of programs that: 1) were less structured and formal than regular academic programs, 2) involved more

student participation in planning and implementation, 3) involved recreational activities, and 4) took students out of the normal institutional setting and/or routine via fieldtrips, outside speakers, or the minimizing of traditional forms of academic classroom work that are highly organized. Such programs continued, therefore, to address themselves to the academic needs of children but in a more relaxed atmosphere and mode.

Research Problem and Related Research

The implementation and existence of the Functional Education programs insured the achievement of the objective of providing for both meeting academic needs and the needs of the children for relief from traditional academic rigors with their attendant tensions, frustrations, and emotional costs for the children. At the same time, however, it was hoped that the programs would be beneficial in another, less direct, but potentially more important manner. It was hypothesized that the programs would result in a general improvement in the children's emotional health, specifically in the form of better self-concept, reduction in feeling of alienation, improvement in general adjustment to life, and a more realistic set of expectations for self. The specific type of outcome hoped for in dimensions of improvement can be related to a more generic problem sometimes referred to as "institutional dependency." To develop this relationship and show why the programs might be expected to enhance the emotional health of participants we must briefly digress to a general discussion of emotionally disturbed children and their relationship to institutions and institutional practices designed to benefit them.

Institutionalization of individuals suffering from mental/emotional and/or organic problems has two functions. One function with the longest historical tradition is simply to remove disruptive and potentially dangerous behavior patterns from general society. Lacking information and/or knowledge of the causes and possibly effective treatments of disorders, societies have sought to cope with the problems created by individual maladjustment by placing afflicted individuals in custodial settings that minimized the possibilities for disruption. In recent years, however, basic understanding of the causes of mental/emotional disorders has increased to a point where a far more positive function can be identified. This function is to try to correct the basic disorders and problems during institutionalization so that individuals may be both personally benefitted and returned to society as functioning, productive members. Thus, while the original function of institutions can still continue, their new role is far more positive from the standpoint of both the individual and society.

In trying to realize the objectives of their newer role, institutions employ a wide range of therapeutic measures including chemo-therapy, psychoanalysis, and behavior training or modification. Each of the therapy types mentioned above has its own unique potential for alleviation of particular disorders and, unfortunately, its own unique limitations and pitfalls. In the present instance we are concerned, primarily, with only the latter therapy technique; but this is not intended to minimize, in any way, the importance of the others.

Evaluation objectives are focused on one particular problem area with the clear recognition that other, equally relevant questions warrant investigation.

Behavior training and/or modification is accomplished by varying means and has a wide range of objectives. The various techniques, procedures, and underlying premises are extensively treated throughout the literature so we will comment only briefly on them in this report.

Patients come to an institution exhibiting various behavioral and/or attitudinal disorders that are seen as symptomatic reflections of underlying emotional and/or mental disorders. Usually, if not always, these disorders can be associated with adverse emotional, physical, or social environments--frequently all three. In addition to its manifest function of removing disruptive behavior systems from an environment, modern institutions also have the latent function of removing adverse environments from their patients and trying to provide an environment sheltered from the conditions that have, in part, created the patient's problems. In effect, institutions can substitute a new environment for the older, adverse one that contributed to a patient's disorder. Adjustment to this new environment involves and implies several things.

On the one hand, the new environment, to the extent permitted by physical and personnel resources, permits the institution to minister to physical environmental deficiencies, in the behavior systems of patients, that were attributable to prior environments. Thus, medical, nutritional, and/or physiological deficiencies may be treated and their contribution to the disorder, hopefully, eliminated.

On the other hand, the institutional environment also provides a substitute emotional and social environment that, hopefully, insulates the patient from those items or facets of his earlier environment which contribute to the disorder. Simply protection from that prior problematic

environment is not, however, the sole function of the institutional environment. In addition, it incorporates both the necessity for adjustment to itself and therapeutic assistance in making the adjustment. Behavior training, as one therapeutic device, seeks to both extinguish existing patterns of maladjusted behavior and, concurrently, replace the extinguished patterns with new patterns that will be functional for the individual in adjusting to the "normal" environment. Successful extinction of undesirable behavior and adjustment to the institutional environment is indicative of two important related achievements on the part of both the patient and the institution.

It indicates on the one hand that the undesirable behaviors of the patient are susceptible to treatment. It further indicates that the individual does possess the potential to make a successful adjustment to a particular environment. The achievement of both of these patient characteristics, further, inferentially indicates a degree of success for the environment of the institution.

All of these can be seen, to the extent they occur, as positive achievements resulting from the institutional programs and practices. These positive dimensions, however, are not without latent consequences which are less desirable. Successful adjustment to the institution can result in the patient becoming dependent on the environment of the institution. The very structuring of the institutional environment which is intended to facilitate the extinction of one behavior pattern and the development of another may result in the development of adjustment patterns dependent on that environment, its content, and structure. Such a structured and protected environment, however, is atypical of the type of environment the patient is, hopefully, being

prepared to successfully re-enter.

This latent consequence has been noted and studied by institutions under the general heading of either "dependency" or "institutional dependence." Abend and others found, for instance, that even short term patients go through a three stage process of adjustment during hospitalization. These are: 1) initial anxiety, denial of illness, and distrust of staff, 2) aquiescence to the institution, attachments to staff and dependency, and 3) dismay and anger about impending discharge and separation from staff and institution.[1] Their discussion and findings strongly suggest that the formation of attachments and dependencies are necessary preludes to effective influence of institutional programs and staff. In addition, success during this stage becomes a problem during what they termed the "disengagement phase." Studies of adjustments phases to institutionalization, of which the one by Abend, et al is an example, are only one of several dimensions of the problem of institutional dependency that have been investigated.

Others, for instance, have investigated patient characteristics that might be associated with susceptibility to acquiring the adjustment pattern described as institutional dependency. In a review of prior research, Robertson and Cohen found that, while age and marital status were correlated with length of hospitalization, personality items were better predictors of successful restoration to non-institutional life.[2]

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[1]Abend, S.M., Kalchalasky, H., and Greenberg, H., "Reactions of Adolescents to Short Term Hospitalization," American Journal of Psychiatry, 127 (No. 7), 1968, pp. 949-54.

[2]Robertson, R.J., and Cohen, R.D., "Sex-Role Identification and Institutional Dependency Among Veterans Undergoing Social Rehabilitation," Journal of Clinical Psychology, 23(4), 1967, pp. 441-442.

These researchers were concerned with such personality items as they reflected an individual's "orientation to life." Their findings indicated that, among veterans, those with more feminine sex-role identifications tended to require greater rehabilitation prior to successful restoration to normal life.[3]

Yet another tradition of research has focused on various socio-structural therapy patterns that might facilitate restoration to non-institutional life.

The U.S. military in the closing days of W.W. II became particularly concerned with the problem of resocializing combat veterans to civilian life. Their solution was the formation of transitional companies involving stages of progressively more individual freedom and responsibility. Civilian institutions have instituted similar programs under the heading of "half-way houses" for criminals, drug addicts, and patients from institutions for the emotionally ill. Results of investigations such as the one conducted by Wilder, Kessell, and Caulfield indicate that patients participating in such out-of-institution settings have a better chance of successful restoration to community life.[4] A compromise between the half-way house concept and total indifference to the problem is illustrated by intra-institutional techniques which re-introduce patients to a more "normal" life pattern by placing them into family type groups or special

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[3] Ibid.

[4] Wilder, J., Kessel, M., and Caulfield, S., "Follow-up of a 'High Expectations' Halfway House," American Journal of Psychiatry, 124 (8), 1968, pp. 1085-91.

retraining programs.[5]

The summer school functional education program of the Kalamazoo State Hospital provided an opportunity to combine several of these approaches to the alleviation of institutional dependency. By instituting more relaxed programs that included greater student participation and freedom they altered the intra-institutional environment to more closely approximate the out-of-institutional environment. In addition, the field trips and camping experiences actually took the children into the out-of-institution environment and provided the opportunity to experience adjustment problems associated with this environment while remaining relatively sheltered--a modified half-way house experience.

It was anticipated that these experiences, as stated earlier, would benefit the students with reference to alleviation of the institutional dependency syndrome. Our specific research problem or objective was to assess whether or not, infact, such a benefit occurred and, thereby, to indirectly evaluate the program itself. Since dependency might manifest itself in many ways among individual children with individual problems, our investigation was limited to the study of changes in the children with reference to general

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[5]See for example, Germaine, H., "Rehabilitation programs for Chronic Patients: I. Testing the potential for independence." Hospital and Community Psychiatry, 18 (12) 1967, pp. 376-77, Retchless, M. H., "Rehabilitation programs for Chronic Patient: II. "Stepping Stones to the Community." Hospital and Community Psychiatry, 18 (12), 1967, pp. 377-78, and Reusch, J., Chronic Disease and Psychological Invalidism, University of California Press, Berkeley, 1951.

variables such as general adjustment, alienation, self-concept, future aspirations, and significant others. Characterizing the children with reference to these variables should, it was felt, provide indirect evidence of their over-all relationship to the institution and over-all level of adjustment.

CONCEPTUAL FRAMEWORK

The use of the concept of adjustment is pervasive, though vague, in the literature of behavioral science. This is probably a necessary condition since what constitutes adjustment--good or bad--is relative to time, situation and individual. With reference to our own research objectives, therefore, we determined to tie our definition of adjustment to conditions and circumstances relevant to the children's lives. That is, the degree, by the children, of acceptance of a feeling of ability to cope with the social-emotional environment and conditions they would be participating in when released from the institution. The questions asked to measure adjustment, therefore, concerned the child's own perception of personal ability to cope with the problems of making friends, preparing for occupations, controlling future outcomes, and finally their attitudes toward desirability of formal education.

Since either unrealistically high or low adjustment can characterize a disturbed child, we were more interested in movement toward a modal level of adjustment rather than strictly upward trends in adjustment scores. Conceptually, both a more realistic evaluation of the difficulties of adjustment and a realistic appraisal of self-ability to cope with those difficulties was seen as "improvement in adjustment." Specific questions asked (see Appendix A, Part I, of Questionnaire) were selected from the Minnesota Survey of Opinions, short form which has a reliability co-efficient of .821.

Closely related to general personal adjustment is individual alienation. Conceptually, alienation refers to feelings, by the individual, of powerlessness, isolation, self and social estrangement, and inability to interpret the complexities of society and, therefore, the implications for self of those complexities.[7] Clearly, an individual characterized by feelings of powerlessness, isolation, estrangement, etc., is unlikely to be able to make a successful adjustment to the complexities of a normal social-emotional environment. As indicated earlier, the security, structure and resultant predictability of the institutional environment can both insulate the patient from adverse conditions and begin to reduce feelings of alienation. Degree of success, however, is determined by the stability of the improvement once the patient is removed from the protective environment of the institution.

The greater freedom of the summer program, plus its out-of-institutional experiences, would, it was felt, provide a semi-protected or sheltered opportunity for children to "try out" their apparent improved behavior patterns under circumstances that would not be overly threatening. As was the case with the adjustment characteristic, outright improvement in scores on alienation was not, necessarily, the only hoped for outcome. What was considered more important was whether or not apparent gains by children could be at least sustained and, possibly improved as a result of participation in circumstances under conditions that deviated from the traditional, protective, insulated

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[7]Anderson, W.A., and Parker, F.B., Society: Its Organization and Operation, Princeton, New Jersey: 1964, D. Van Nostrand Company, Inc., pp. 84-85. One of numerous sources of general discussions of alienation and its implications.

institutional environment. Items to measure degree of feeling of alienation were, again, selected from The Minnesota Survey of Opinions, short form (see Appendix A, Part A, of Questionnaire).

Another important characteristic denotive of an individual's level of adjustment or emotional health is self-concept. Seminal discussion of the nature and dimensions of self-concept and its implications is contained in Mead's essays on "Mind, Self and Society."[8] Self-concept, complex even in its original formulation, has become increasingly complex as more and more research has been conducted using it as a central variable. At its most general level, self-concept refers to an individual's perception of personal characteristics and evaluation of the worth or non-worth of those characteristics. Extensive research has shown that actual performance by an individual is highly correlated to self-concept.[9] Analysis of the impact of self-concept on individual performance, however, is complicated by several dynamics related to the aquisition of a self-concept. In the median tradition, self-concept is postulated to be acquired by or based on the perception, by the individual, of the evaluations of significant others. In other words, an individual's own opinion of self is based on the reflected perceived content of the opinion of others--not any others, but significant others.

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[8]Mead, G.H., On Social Psychology, Edited by Strauss, S., Chicago: 1964, University of Chicago Press, pp. 199-249.

[9]For a comprehensive review of such research through the late 50's, see Wylie, R., The Self-Concept, A Critical Survey Of Pertinent Research Literature, Lincoln: 1961, University of Nebraska Press. For important conceptual advancements since this period, see Brookover, W.B., Erickson, E., and Joiner, L., Self-Concept of Ability and School Achievement III, Educational Publication Services, College of Education, Michigan State University, East Lansing, Michigan, 1967.

In addition, work by Brookover and his associates has shown that there is no single, global self-concept. Instead, individuals possess different self-concepts relative to specific facets of their lives. Thus an individual might possess a high self-concept of ability to be socially successful but a low self-concept of ability to be academically successful. Further, as the frame of reference relative to ability dimensions shifts, so also may the identity of significant others.[10]

From the standpoint of the conceptual and pragmatic objectives of this investigation, the above assumptions suggested several considerations. First, it seemed advisable to limit the investigation to a specific self-concept and dimensions with particular relevance to the subjects of the evaluation. Considering that the people being studied were school age children, we felt that self-concept of academic ability constituted the most relevant self-concept dimension to study (see Appendix A, Part B, of Questionnaire).[11] In addition, as suggested above, it was deemed necessary to determine the children's perception of the evaluations of significant others--parents and teachers (see Appendix A, Part C, of Questionnaire).[12] Since prior research by Brookover and others has indicated that self-concept held by children is highly correlated with perceived evaluation of self by significant others, this provided an

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[10] Ibid.

[11] Brookover, et al, op cit.

[12] Scales in both Part B and C are adapted from those developed by Brookover and Associates and have been checked repeatedly for reliability.

opportunity to look, indirectly, for shifts in significant others by seeing which perceived evaluations of the two categories of potential significant others--parents or teachers--correlated most highly with the student's own self-concept.

As was the case with the characteristics of adjustment and levels of feelings of alienation, our interest in self-concept was not totally structured around expectations of a hope for improvement. We were equally interested in determining if children could sustain existing levels while participating in environments not as sheltered and as predictable as the traditional institutional environment. As indicated above, we were able to determine levels of self-concept and, indirectly, any shifts in significant others.

In addition to the indirect measurement of significant others, we included a direct measurement (see Appendix A, Part E). This was done by asking the traditional sociological question, "Who are the most important people in your life?" By determining whether family, friends, institutional staff, or whatever, were chosen, and in what order, it was possible to check for shifts in significant others. Obviously, a shift toward parents or friends would indicate a shifting away from institutional concerns or what was previously described as "institutional disengagement."

As a final indication of adjustment the children were asked to indicate their occupational aspirations both ideal and real. Maladjusted individuals are frequently characterized by what might be termed poor reality orientations with reference to occupations. In other words, they are unable to make realistic assessments of their own occupational potential and may tend to list as aspirational categories either

unrealistically high or low occupational levels. Further, their distinction between real and ideal tend to be less. Conceptually, then, a shift in aspirations toward realistic occupational categories should be indicative of better personal adjustment, a more realistic appraisal of personal worth and potential, and a more realistic grasp of out-of-institution conditions.

Summary of Conceptual Framework

Prior research and the circumstances of the summer program suggested several relevant dimensions of individual behavior and attitude whose measurement should provide an indication of the degree to which institutional dependency might have been alleviated. Levels of general adjustment, feelings of alienation and self-concept are all characteristics whose measured levels or types are indicative of individual emotional health and ability to cope with out-of-institution environments. Types of occupational aspirations and identities of significant others provide further indication of individual adjustment, reality orientation, and realistic perception of self-potential.

Research Objectives

Our research objectives are stated as a series of hypothesis.

1. Levels of general adjustment will drop as a result of participation in the Summer School Functional Education Program.[13]

2. Levels of feelings of personal alienation will increase as a result of participation in the Summer School Functional Education Program.[14]

3. Level of self-concept of academic ability will drop as a result of participation in the Summer School Functional Education Program.[15]

4. There will be no difference in the student's perception of relative evaluations of their academic ability by teachers and parents respectively after the students have participated in the Summer School Functional Education Program.

5. There will be no difference in the levels of occupational aspirations of students after participation in the Summer School Functional Education Program.

6. There will be no difference in the chosen significant others of the students after participation in the Summer School Functional Education Program.

13, 14, 15This and following two hypothesis are an unusual form of substantively null hypothesis. A drop in adjustment would actually be indicative of no change in level of institutional dependency, while maintainence of model levels in these circumstances would be indicative of alleviation of such dependency.

METHODOLOGY

Population

Population for the study consisted of those children participating in the Summer School Functional Education Program. The final analysis population was restricted to those children who were pre-tested prior to the beginning of the program and who were still available for and were included in post-program testing following the conclusion of the program. Thus, new patients who entered mid-way through the summer or patients discharged prior to the second testing were not considered part of the analysis population. No sampling was involved since all individuals were studied if complete data existed for them.

Variables

We had anticipated using two control variables. They were to have been length of hospitalization, dichotomized as long term or short term, and sex of the patient. Long term patients were considered to be those with nine or more months of hospitalization. Such individuals would have been exposed to previous summer programs. Short term patients were those with less than nine months of hospitalization and no prior summer program experience. Initial analysis of test data revealed no systematic differences between groups so dichotomized so the length of hospitalization variable was dropped as a control variable. Sex of patient was determined by responses to the questionnaire and responses verified by checking institutional records.

The independent variable, of course, was participation in the Summer School Functional Education Program. As indicated in the discussion of population above, only those children who completed the entire program were considered eligible for analysis.

The dependent variables, as discussed in the previous chapter, were general adjustment, alienation, self-concept of academic ability, perception of evaluation of academic ability by teachers and parents, occupational aspirations, and identification of significant others. Measurement of these dependent variables was accomplished by a self-administered questionnaire completed by the children under the supervision of their teachers. As indicated earlier, items in the questionnaire were selected from existing instruments with established reliability--validity. The initial selection of specific items was done by the principal investigator. To increase the probability of appropriateness to population, however, the items were distributed to all instructional and therapy staff in the children's unit. In a group meeting, each item was then discussed in terms of both its applicability to the children and its clarity. Only items and content with high consensus regarding appropriateness were retained for the final questionnaire.[16]

Analysis

Study N's, according to sex and length of hospitalization, will be reported using traditional descriptive frequency distributions. Conceptual and Research objectives were concerned with whether the children

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[16]Actual items used can be seen in the questionnaire presented in Appendix A. Response values for the questionnaire values can be determined by referring to the Analysis Code Key presented in Appendix B.

remained stable or changed, and how if they did, with respect to the dependent variables of the investigation. To test for such change or stability, we will use the Kolmogorov-Smirnov one-tailed test statistic.[17] This statistic tests for the significance of differences in the cumulative frequency distributions of ordinally measured values of dependent variables. Our data, derived from the above described questionnaire, provides ordinal level measurement of the children in the investigation with reference to values on the dependent variables. Using the Kolmogorov-Smirnov statistic we will, therefore, be able to determine if there are significant changes in the children's pre and post program distributions of measured values on the dependent variables.

Conclusions drawn from results of this statistical test, however, must be cautiously interpreted. The statistic is usually used to test for significant differences between two samples with unknown parameters with respect to dependent variables. In view of this, significant levels between .05 and .01 are usually required to lead to confidence in the validity of observed differences. In our case, however, we are using the statistic to test for the significance of differences in a single population with respect to pre and post program values of the dependent variable. Within the known limits, then, of the measurement instrument's reliability, observed differences are actual differences. With this in mind we are less concerned with traditional minimization of type I errors which leads to setting significance levels in the .05 - .01 range and more concerned with minimizing the possibility of type II errors or failing to

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[17]Siegel, S., Nonparametic Statistics For The Behavioral Sciences, New York: 1956, McGraw-Hill Co., Inc., pp. 47-127.

reject a false hypothesis. We will, therefore, set required significance levels for acceptance or rejection of hypothesis at the .2 level. This will increase our confidence in the significance of observed differences in this population but considerably reduce any potential for generalization to some other more pervasive population. This, we repeat, will place an interpretive limitation on research results relative to generalizations to other children, but will, at the same time, increase our confidence in the interpretation of these same results relative to the specific children studied.

Actual data used in the analysis were, of course, derived from the pre and post program questionnaires completed by the children. Responses to the questionnaire were assigned ordinal scale values according to the procedures described by those who developed the scales (see Appendix B-Code Key for specific values). Responses frequencies for each response type, for each analysis category (sex, length of hospitalization) were accumulated and summed and provided the analysis data for the investigation.

FINDINGS

Pre-testing of children was carried out during the first week of June, 1970. Post-testing was carried out during the fall of 1970 after completion of the Functional Education Program. Preliminary examination of the data was carried out and only children for whom both sets of data were available were included in further analysis. Distribution of this analysis population is shown in Table 4.1.

TABLE 4.1

DISTRIBUTION OF CHILDREN PARTICIPATING IN AND COMPLETING SUMMER FUNCTIONAL EDUCATION PROGRAM ACCORDING TO SEX AND LENGTH OF HOSPITALIZATION

	Sex		
Length of Hospitalization	Male	Female	Totals
Short Term (9 or less months)	19	14	33
Long Term (10 or more months)	23	8	31
TOTALS	42	22	64*

*This figure represents the actual N used in analysis. Since measurement of variables involved multiple questions, however, subsequent tables will be expressed in percentages.

Our first hypothesis concerned level of general adjustment. Specifically, it predicted that participation in the less structured summer program would lead to a decrease in level of general adjustment as the students were deprived of some of the inherent security of traditional institutional programs. Data for testing this hypothesis for both males and females are shown in Table 4.2.

TABLE 4.2

LEVELS OF GENERAL ADJUSTMENT
PRE AND POST PROGRAM

Adjustment Values	MALES Pre-Program Cumulative %	MALES Post Program Cumulative %	MALES Dif.	FEMALES Pre-Program Cumulative %	FEMALES Post Program Cumulative %	FEMALES Dif.
Very High	.34	.19	-.15	.20	.17	-.13
High	.58	.46	-.12	.54	.43	-.11
Average	.70	.62	+.08	.69	.64	-.05
Low	.87	.83	+.04	.89	.83	+.06
Very Low	1.00	1.00	.00	1.00	1.00	.00
	x^2 approx. = 8.47 with 2 df*			x^2 approx. = 5.08 with 2 df**		
	* Significant at .05 level			** Significant at .10 level		

As the tables indicate there was a statistically significant drop in over-all level of general adjustment for both males and females after participation in the summer program. Substantively, however, it is apparent that most of the difference resulted from a movement away from very high adjustment scores toward median or average adjustment. Indeed in both instances there was an apparent drop in the rate of very low adjustment scores and a movement toward average or median adjustment. On the basis of the data, then, we must accept the hypothesis that the summer

program reduced the level of general adjustment. This finding, however, must be cautiously interpreted since the actual drops were: 1) small, 2) only toward average levels, and 3) partially offset by improvement among children exhibiting very low pre-program adjustment.

Our second hypothesis concerned level of feelings of personal alienation. Specifically, it predicted increases in levels of alienation as a result of participation in the summer program. Data used to test this hypothesis are shown in Table 4.3.

TABLE 4.3

LEVELS OF ALIENATION
PRE-PROGRAM - POST PROGRAM

Alienation Levels	MALES Pre-Program Cumulative %	MALES Post Program Cumulative %	MALES Dif.	FEMALES Pre-Program Cumulative %	FEMALES Post Program Cumulative %	FEMALES Dif.
Very Low	.18	.16	-.02	.23	.20	-.03
Low	.39	.46	+.07	.42	.43	+.01
Average	.59	.65	+.06	.61	.63	+.02
High	.72	.79	+.07	.73	.75	+.02
Very High	.84	.86	+.02	.81	.92	+.09
No response	1.00	1.00	.00	1.00	1.00	.00
	x^2 approx. = .252* with 2 df * Not significant at .1 level			x^2 approx. = .425** with 2 df ** Not significant		

There was no statistically significant increase in level of personal alienation so the hypothesis that participation in the summer program would lead to higher levels of alienation is rejected. Since the hypothesis predicted direction, only a one-tailed analysis was employed to check for significance. Substantively, however, it appeared that program

participation might have actually reduced alienation. Reanalysis confirmed that the apparent level of improvement was, in fact, statistically significant for both males and females at the .2 level.

The third hypothesis predicted that self-concepts of academic ability would drop as a result of participation in the summer program. Data used to test this hypothesis are shown in Table 4.4.

TABLE 4.4

STUDENT SELF-CONCEPT OF ACADEMIC ABILITY

	Males			Females		
	Pre-Program Cumulative	Post Program Cumulative		Pre-Program Cumulative	Post Program Cumulative	
Self-Concept	%	%	Dif.	%	%	Dif.
Very high	.25	.16	-.09	.17	.20	+.03
High	.58	.41	-.19	.52	.49	-.03
Average	.79	.75	-.04	.81	.78	+.03
Low	.86	.89	+.03	.89	.84	+.05
Very Low	1.00	1.00	.00	1.00	1.00	.00
	x^2 Approx. = 10.08* with 2 df * Significant at .01 level			x^2 Approx. = .132** with 2 df ** Not significant		

The data indicates a statistically significant decrease in self-concept among males and no significant change among females. For the males we once again note, on the substantive level, that the movement which led to the apparent negative change was a movement toward a median or average self-concept. Considering the background of the children this may not really be a negative finding. Both their levels of general adjustment and their levels of self-concept of academic ability have moved toward more realistic levels without any accompanying indication of inability to cope with such realistic attitudes. This is particularly clear when the data

on levels of alienation are recalled. Far from withdrawing or becoming more alienated by moving toward realistic self-appraisal and modes of adjustment, the data indicates an improvement in level of alienation. This strongly suggests an increased ability to cope with non-institutional environments and their realities.

The fourth hypothesis concerned the relationship of the children to, respectively, the institutional environment as indicated by their perceptions of their teacher's ranking of their academic ability and the non-institutional environment as indicated by their perception of their parent's ranking of their academic ability. Specifically, the null hypothesis was that participation in the summer program would lead to no change in the student's relative perceptions concerning these representatives of the two environments, institutional and non-institutional. Data testing this hypothesis for males is shown in Table 4.5 and for female in Table 4.6.

TABLE 4.5

COMPARISON OF DIFFERENCES IN STUDENT PERCEPTIONS
OF PARENTAL AND TEACHER PERCEPTIONS
OF STUDENTS' ACADEMIC ABILITY

MALES

	Pre-Program			Post Program			Over-all
	Parents	Teachers	Dif.	Parents	Teachers	Dif.	Dif.
Very High	.40	.20	.20	.33	.18	.15	.05
High	.70	.60	.10	.69	.56	.13	.03
Average	.85	.85	.00	.90	.93	.03	.03
Low	.89	.93	.04	.97	.98	.01	.03
Very low	.97	.97	.00	1.00	1.00	.00	.00
No opinion	1.00	1.00	.00	1.00	1.00	.00	.00

x^2 Approx. = .504* with 2 df
* Not Significant

TABLE 4.6

COMPARISON OF DIFFERENCES IN STUDENT PERCEPTIONS
OF PARENTAL AND TEACHERS PERCEPTIONS
OF STUDENTS' ACADEMIC ABILITY

FEMALES

	Pre-Program			Post Program			Over-all
	Parents	Teachers	Dif.	Parents	Teachers	Dif.	Dif.
Very High	.36	.20	.16	.23	.09	.12	.04
High	.52	.43	.09	.62	.52	.10	.01
Average	.93	.91	.02	.94	.86	.08	.06
Low	1.00	1.00	.00	.96	.97	.01	.01
Very low	1.00	1.00	.00	1.00	1.00	.00	.00
No opinion	1.00	1.00	.00	1.00	1.00	.00	.00

x^2 Approx. = .316* with 2 df
* Not significant

As the data in both tables indicates there was no significant difference in the student's perceptions of the perceptions of their teachers' and parents' ranking of their academic ability. Not revealed in these tables, however, is the fact that in both instances the ranking of own academic ability attributed to teachers and parents respectively made a shift in the same direction as the students' own self-concept--specifically, toward an average or moderately high ranking In other words, the students' own self-concept appeared to become more realistic and, at the same time, it showed a higher degree of correspondence with the perceived ranking of significant others. This tends to confirm the earlier indications that the students emerged from the program feeling less alienated and with more realistic relational patterns with others.

The fifth hypothesis also concerned the ability of the children to realistically relate themselves to the non-institutional environment. It concerned occupational aspirations and stated (in the null) that

there would be no pre and post program differences in the types of occupational aspirations. Data used to test this hypothesis are shown in Table 4.7.

TABLE 4.7

DISTRIBUTION OF TYPES OF OCCUPATIONAL ASPIRATIONS OF STUDENTS

	MALE			FEMALE		
Professional	.12	.21	-.09	.27	.27	.00
Skilled white collar	.17	.21	-.04	.27	.27	.00
Semi Skilled white collar	.17	.31	.14	.32	.36	.04
Skilled Blue collar	.43	.64	.21	.46	.50	.04
Semi skilled blue collar	.60	.90	.30	.46	.59	.13
Unskilled labor	.70	.90	.20	.91	.77	.14
Any job	.99	.90	-.09	1.00	.82	.08
No response	1.00	1.00	.00	1.00	1.00	.00
	x^2 Approx. = 7.56* with 2 df * Significant at .02 level			x^2 Approx. = .88** with 2 df ** Not significant		

As the data for males indicates, there was a substantively and statistically significant shift toward occupational levels with a more realistic chance of attainment. There was no significant change among the girls. Again the data seemed to indicate a more realistic, though not negative, appraisal of self in relation to the non-institutional world after participation in the program.

The final hypothesis concerned selection of significant others. It stated that there would be no significant difference in selection of significant others after participation in the summer program. Data to test this hypothesis are shown in Table 4.8.

TABLE 4.8

DISTRIBUTION OF STUDENTS
RELATIVE TO SELECTION OF CATEGORIES
OF SIGNIFICANT OTHERS

	MALES			FEMALES		
	Pre-Program	Post Program		Pre-Program	Post Program	
Categories of others	Cumulative %	Cumulative %	Dif.	Cumulative %	Cumulative %	Dif.
Unclassified	.004	.01	.00	.00	.00	.00
Institutional Professionals	.084	.07	.01	.13	.12	.01
Friends	.20	.13	.07	.28	.25	.03
General Family	.42	.51	.09	.53	.57	.04
Immediate Family	.72	.82	.10	.85	.90	.05
No response	1.00	1.00	.00	1.00	1.00	.00
	x^2 Approx. = .84* with 2 df P .70 Not significant			x^2 Approx. = .44** with 2 df P .90 Not significant		

As the data indicates, there was no statistically significant change in the selection of significant others. It is substantively significant, however, that the small changes which did occur were all in the direction of non-institutional persons. Further, the lack of negative change, which would have been indicated by a major shift toward the security offered by institutional staff, indicates that the children were able to participate in the program without regressing.

CONCLUSIONS

There were no dramatic changes in the children after participation in the summer program. This may be, in itself, a rather significant finding. Removed from the usual, comfortable institutional structure and security and placed in situations calling for greater initiative and self-control, the children managed to remain remarkably stable on the

measured variables of adjustment, self-concept, perceptions of the evaluations of others, and selection of significant others. Where changes did occur they were, without exception, either toward more realistic or average as contrasted to either previously unrealistically high levels or abnormally low levels.

In the case of the variables of alienation and occupational aspirations the results were also significant. Occupational aspirations that would be unrealistic for any population, institutional or non-institutional, decreased while realistic but ambitious aspirations increased. This seems a very healthy sign. Of particular importance was the finding that the general movement toward more realistic self-appraisal, job aspirations, adjustment, and perception of evaluation of others was carried out without any increase in the children's feelings of alienation. Had there been an increase in levels of alienation coupled with the other findings, it would have signalled a probable inability among the children to cope with their changed characteristics and the greater demands of the unstructured program. Instead, levels of alienation actually dropped.

There are two over-all conclusions to be realized on the basis of our data. One, participation in the summer program did not, in any discernible way, interfere with the children's progress toward alleviation of their symptoms of social and emotional maladjustment. Two, participation in the program with its carefully reduced structure and planned opportunity for greater student participation, seems to have made a positive contribution to reducing levels of alienation and leading to more realistic attitudes on the part of the participants.

These findings and conclusions are similar to those emerging from other recent studies of another type of "total institution" -- the prison. Recent research in this area also indicates that opportunities for greater client (inmate) participation in decision making and planning lessen social distance between client and staff which leads to greater success in rehabilitation and lowered rates of recidivism.[18] Such studies have suggested that part of the dual problems of both internal inmate unrest and high rates of return are related to institutional dependency and the organization of the concerned institutions. Results obtained in this research and the results of studies previously cited strongly suggest the efficacy of increasing efforts to provide both more of the kinds of programs represented by the Kalamazoo State Hospital Summer School Functional Education Program and greatly expanded programs that use this type as a base. It seems that with carefully planned experiments and accompanying evaluation designs we may be moving toward a solution of the problem of institutional dependency.

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[18]See for instance - Cloward, R. A., "Social Control in The Prison," Theoretical Studies in Social Organization of The Prison, Social Science Research Council, 1960, pp. 20-41; Grusky, O., "Organizational Goals and The Behavior of Informal Leaders," American Journal of Sociology; and Tittle, C., "Social Organization of Prisoners; An Empirical Test," Social Forces 43: 1965, pp. 216-21.

APPENDIX A

QUESTIONNAIRE

Dear Student:

We would like to know your opinion on several subjects. If you will complete the following questionnaire, it will be very helpful to us. There are five parts to the questionnaire and each part has its own instructions or directions on how to record your answers. There are no wrong answers and no right answers. We are interested in your honest, personal opinions about the questions asked or the statements made. This definitely is not a test and there are no grades. Usually, if you can't decide between two answers, the first answer you picked is probably the one you should mark. It is best to answer the questions quickly and try not to spend too much time on any one question. If you have any questions, your teacher or whoever gave you the questionnaire will be happy to help you. Thank you very much for your help.

NAME_____

Student Opinion Questionnaire

PART A

This section contains a number of statements that many people don't agree on. We would like to know what your opinion is. Remember, there are no right or wrong answers.

READ EACH STATEMENT CAREFULLY AND PICK THE ANSWER THAT YOU MOST AGREE WITH. There are five possible ways to answer. To show which answer you agree with, circle the letter beside the answer you agree with the most. Please pick only one answer for each statement.

1. Times are getting better for me.+

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

2. It is hard to say the right thing.*

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

3. Most people can be trusted.+

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

4. The things you learn in school are not very useful.+

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

+Question measuring adjustment.
*Question measuring alienation.

5. I can make my future come out any way I want it to.*

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

6. No one cares what happens to other people.+

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

7. If you want to get anywhere in this world it is more important to be lucky than it is to be smart.

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

8. The future looks very bad.+

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

9. Real friends are easy to find.*

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

10. A man can learn more by working for four years than he can by going to high school.*

   a. I agree very much
   b. I agree
   c. I am not sure
   d. I disagree
   e. I disagree very much

+Question measuring adjustment.
*Question measuring alienation.

11. People at home don't understand me as much as the people here.*

    a. I agree very much
    b. I agree
    c. I am not sure
    d. I disagree
    e. I disagree very much

12. School doesn't help you get a job.*

    a. I agree very much
    b. I agree
    c. I am not sure
    d. I disagree
    e. I disagree very much

13. Most people just pretend they like you.+

    a. I agree very much
    b. I agree
    c. I am not sure
    d. I disagree
    e. I disagree very much

+Question measuring adjustment.
*Question measuring alienation.

PART B

IN THIS SECTION PLEASE READ EACH QUESTION OR STATEMENT AND CIRCLE THE LETTER OF THE ANSWER YOU AGREE WITH THE MOST.

1. How do you rate yourself in school ability compared with other students in your classes in this school?

   a. I am among the best
   b. I am above average
   c. I am average
   d. I am below average
   e. I am one of the poorest students

2. How do you rate yourself in school ability compared with other students in the school you attended before you came to this school?

   a. I was one of the best
   b. I was above average
   c. I was average
   d. I was below average
   e. I was one of the poorest students

3. Do you think you have the ability to complete college?

   a. I am certain I can
   b. I probably can
   c. I am not sure
   d. I probably cannot
   e. I am sure I cannot

4. In order to become a doctor, lawyer, or university professor it is necessary to go to college for more than four years. Do you think you could finish more than four years of college and become a doctor, lawyer, or university professor?

   a. I am certain that I could
   b. I probably could
   c. I am not sure
   d. I probably could not
   e. I am certain that I could not

5. Forget about the grades you usually get in school because sometimes they are mistaken. In your opinion, how good do you think your school work really is?

   a. My work is excellent
   b. My work is good
   c. My work is average
   d. My work is below average
   e. My work is much below average

6. Sometimes we don't do the best work we could. What kind of grades do you think you could get if you did your very best work?

   a. Mostly A's
   b. Mostly B's
   c. Mostly C's
   d. Mostly D's
   e. Mostly E's

IN THIS SECTION PLEASE READ EACH QUESTION OR STATEMENT AND CIRCLE THE LETTER OF THE ANSWER YOU AGREE WITH THE MOST.

1. How do you think your parents would rate your ability in school compared with other students in this school?

   a. They would say I am among the best
   b. They would say I am above average
   c. They would say I am average
   d. They would say I am below average
   e. They would say I am one of the poorest students

2. How do you think your parents rated your ability in school compared to other students in the school you attended before the one you are in now?

   a. They thought I was one of the best
   b. They thought I was above average
   c. They thought I was average
   d. They thought I was below average
   e. They thought I was one of the poorest students

3. Do you think your parents would say that you have the ability to complete college?

   a. I am sure they would
   b. They probably would
   c. I am not sure
   d. They probably would not
   e. I am sure they would not

4. What kind of grades do you think your parents would say you have the ability to get?

   a. Mostly A's
   b. Mostly B's
   c. Mostly C's
   d. Mostly D's
   e. Mostly E's

5. How do you think your teacher in this school would rate your ability in school compared with other students in this school?

   a. They think I am among the best
   b. They think I am above average
   c. They think I am average
   d. They think I am below average
   e. They think I am one of the poorest students

6. How do you think your teacher in the last school you attended before this one would rate your ability in school compared with other students in that school?

   a. They thought I was among the best
   b. They thought I was above average
   c. They thought I was average
   d. They thought I was below average
   e. They thought I was one of the poorest students

7. Do you think your teacher in this school would say you have the ability to complete college?

   a. I am sure they would
   b. They probably would
   c. I am not sure
   d. They probably would not
   e. I am sure they would not

8. What kind of grades do you think your teacher in this school would say you have the ability to get?

   a. Mostly A's
   b. Mostly B's
   c. Mostly C's
   d. Mostly D's
   e. Mostly E's

9. What kind of grades do you think the teacher you had in your last school would say you have the ability to get?

   a. Mostly A's
   b. Mostly B's
   c. Mostly C's
   d. Mostly D's
   e. Mostly E's

PART D

THIS SECTION HAS ONLY THREE QUESTIONS. READ EACH ONE AND THEN WRITE YOUR ANSWER ON THE BLANK LINES AFTER EACH QUESTION. IF SOMEONE READS THE QUESTIONS TO YOU STILL WRITE YOUR ANSWERS IN ON THE BLANK LINES.

1. What kind of job would you like to have when you grow up? _____

_____

_____

2. Sometimes the things we want are not going to come true. What kind of job do you think you will probably get when you grow up if you don't get the one you would like to have?_____

_____

3. If you don't think you will get the job you would like to have, why do you think you won't be able to have that job?_____

_____

_____

PART E

THERE ARE MANY PEOPLE IN OUR LIVES WHO ARE IMPORTANT TO US. WE WOULD LIKE TO KNOW WHO THE MOST IMPORTANT PEOPLE IN YOUR LIFE ARE. PLEASE LIST THEM BY NAME ON THE LEFT HAND SIDE OF THE PAPER. ON THE RIGHT HAND SIDE TELL US WHO THEY ARE. LIST ONLY THE PEOPLE WHO YOU FEEL ARE REALLY IMPORTANT TO YOU.

Names	Who is this person?

APPENDIX B

CODE - KEY

CODE KEY

Item No.	Item	Code	Column
1	Idenfification	Identification Number	1-5
2	Sex	1 if Male 2 if Female	6
3	Age	Actual Age	7-8
4	Length of hospitalization	Number of Months	9-11
5	Was living with	1 if Mother and Father 2 if Mother and Stepfather 3 if Stepmother and Father 4 if Stepmother and Stepfather 5 if Mother only 6 if Father only 7 if Other	12
6	Number of siblings	Actual Number	13-14
7	Nature of problem	1 if problem is described as emotional, behavioral, aggressive, maladjusted 2 if problem is described as organic such as epilepsy, brain damage 3 if problem is described as epilepsy 4 if no problem is listed	15
8	Part A, Question 1	5 if a 4 if b 3 if c 2 if d 1 if e	16
9	Part A, Question 2	1 if a 2 if b 3 if c 4 if d 5 if e	17
10	Part A, Question 3	5 if a 4 if b 3 if c 2 if d 1 if e	18

11	Part A, Question 4	1 if a 2 if b 3 if c 4 if d 5 if e	19
12	Part A, Question 5	5 if a 4 if b 3 if c 2 if d 1 if e	20
13	Part A, Question 6	1 if a 2 if b 3 if c 4 if d 5 if e	21
14	Part A, Question 7	1 if a 2 if b 3 if c 4 if d 5 if e	22
15	Part A, Question 8	1 if a 2 if b 3 if c 4 if d 5 if e	23
16	Part A, Question 9	5 if a 4 if b 3 if c 2 if d 1 if e	24
17	Part A, Question 10	1 if a 2 if b 3 if c 4 if d 5 if e	25
18	Part A, Question 11	1 if a 2 if b 3 if c 4 if d 5 if e	26
19	Part A, Question 12	1 if a 2 if b 3 if c 4 if d 5 if e	27

20	Part A, Question 13	1 if a 2 if b 3 if c 4 if d 5 if e	28
21	Part B, Question 1	5 if a 4 if b 3 if c 2 if d 1 if e	29
22	Part B, Question 2	same as above	30
23	Part B, Question 3	same	31
24	Part B, Question 4	same	32
25	Part B, Question 5	same	33
26	Part B, Question 6	same	34
27	Part C, Question 1	same	35
28	Part C, Question 2	same	36
29	Part C, Question 3	same	37
30	Part C, Question 4	same	38
31	Part C, Question 5	same	39
32	Part C, Question 6	same	40
33	Part C, Question 7	same	41
34	Part C, Question 8	same	42
35	Part C, Question 9	same	43
36	Part D, Question 1	1 if job is unskilled labor such as garbage man, dishwasher, ditchdigger 2 if job is semi-skilled blue collar, such as gas station attendant, janitor 3 if job is skilled blue collar, such as mechanic, machinist, machine operator, policeman, repairman, plumber, electrician, carpenter 4 if job is semi-skilled white collar, such as clerk, salesman, typist	44

		5 if job is skilled white collar, such as office manager, store manager, engineer, supervisor 6 if job is professional such as doctor, lawyer, teacher, nurse, dentist, minister 7 if no job 8 if response is "not particular, as long as pay is good"	
37	Part D, Question 2	Same as Part D, Question 1	45
38	Part E, 1st Choice	1 if father, mother, step or adoptive parents 2 if any other family such as siblings, aunts, uncles, etc. 3 if friends 4 if professional staff or institutional staff 5 if any other	46
39	Part E, 2nd Choice	Same as above	47
40	Part E, 3rd Choice	Same as above	48
41	Part E, 4th Choice	Same as above	49
42	Part E, 5th Choice	Same as above	50
43	Deck II	1 if Deck 1 2 if Deck 2	80